

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

444 North Third Street, Suite 410

Sacramento, CA 95814

Phone: (916) 322-3394; FAX: (916) 445-6167

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State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor**APPLICATION TO PROVIDE ADVANCED PRACTICE
POST- PROFESSIONAL EDUCATION**

Instructions: Submit an application for each course. Include a copy of the proposed flyer or brochure and a sample certificate to California Board of Occupational Therapy, 440 North Third Street, Suite 410, Sacramento, CA 95814. Please refer to Title 16, California Code of Regulations section 4154 in completing this application.

(Indicate the advanced practice area(s) for which you will be offering post-professional education.)

- ☐ Hand Therapy
☐ Physical Agent Modalities
☐ Swallowing Assessment, Evaluation and Intervention

*Board Use Only***SECTION I (Please Type or Print)**

A. Provider Name		B. Business Telephone Number ()	
B. Mailing Address	City	State	Zip Code
C. Organization Type (select one) <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Licensed Health Facility <input type="checkbox"/> Individual (social security number required) <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> University, College or School			
D. California Department of Consumer Affairs Licenses/Certificates/Registrations (list only those held by the provider) Type _____ Number _____ Expiration Date _____ Type _____ Number _____ Expiration Date _____			
E. FEIN/SSN Number	F. Contact Person	G. Mailing Address and Telephone Number (if different than provider address) ()	

SECTION II. COURSE INFORMATION (Use additional sheets if necessary)

PROVIDER NAME _____

Please type or print

1. COURSE TITLE:	2. DATE(S) TO BE OFFERED
3. STATEMENT AS TO THE RELEVANCE OF THE COURSE TO THE ADVANCED PRACTICE:	
4. DESCRIPTION OF THE CONTENT (Include course syllabus, goals and objectives):	
5. TYPE OF OFFERING (e.g. Seminar, Conference, In-service, Web-Based):	
6. NUMBER OF CONTACT HOURS:	
7.a. Describe the Provider's Background, History, and Experience (you may submit a prospectus/resume in lieu of completing this section):	
b. List of Similar Courses Previously Offered by Provider:	

SECTION III. INSTRUCTOR INFORMATION (Use additional sheets if necessary. You may submit a prospectus, resume or curriculum vitae in lieu of completing this section. However, it must contain all of the information requested below.):

Please type or print

1. NAME:	2a. Type of License/Certificate/Registration:
	2b. License/Certificate/Registration Number:
	2c. Date Issued and Date Expires:

3. EDUCATION:				
College/University	Major	Degree	Area of Preparation	Year Degree Granted

4. EXPERIENCE: (Start with most recent experience)				
Agency	Position	Scope of Practice	From Mo/Yr	To Mo/Yr

5. TEACHING EXPERIENCE			
Title of Course	Description	Location	Month/Year

NOTE: If course has more than one instructor, a separate form is needed for each instructor.

SECTION IV - Affidavit

I hereby declare under penalty of perjury under the laws of the State of California that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist in the State of California.

Provider Signature

Date

Information Collection and Access – The Board’s executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification to provide advanced practice post-professional education. Each provider has the right to review its file maintained by the agency, subject to the provisions of the California Public Records Act.